

# YOUTH PLACE REFERRAL FORM

Email: youthplace@stpats.com.au  
Phone (08) 9475 2978



## Referring Agency Information

Name of Referring Agency

Name of Referring Worker/Role

Phone number

Email

## Client details

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Client consent obtained and attached? please send through written authority with this referral form

Verbal consent provided

Yes, authority attached

## Client Information

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Client Name

Address

D.O.B

Age

Gender

Male

Female

Transgender

Not specified

Other

Clients best contact number

Email

## Family Information

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Number of children

Gender Male Age D.O.B

Female

Gender Male Age D.O.B

Female

Gender Male Age D.O.B

Female

Gender Male Age D.O.B

Female

Ethnicity Australian Aboriginal CaLD  
Torres Strait Islander Choice 2

If CaLD - country Year of arrival

Current Accommodation

If evicted provide information

Source of Income YA NStart DSP PP  
Wage No Income

Employer Details if employed

### **Alcohol /Drug history**

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Is the client currently using drugs or alcohol?

Yes No

If Yes please provide details /treatment

Please provide details of any known agencies or programs client is working with

## **Psychiatric/Psychological**

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Does the Client have a mental health diagnosis

If Yes please provide details

Yes

No

History of Suicide /self harm?

If yes please provide details

Yes

No

Unknown

Name of GP/Medical clinic/caseworker

Phone number of clinic/Dr/caseworker

## **Domestic /Family Violence Issues**

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Any known previous aggression or violence in the family/partner

Yes

No

Unknown

If yes please provide details /including any property damage

## **Legal History**

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Is the client currently on probation or parole

Is the client currently on probation or parole?

If yes please provide details

Yes

No

Unknown

Has there been any previous convictions?

Nature of conviction

Yes

No

## CaLD Clients

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Cultural background of client

Does the Client have refugee status

If Yes year of arrive

Yes

No

Main language spoken at home

Additional information/safety concerns/issues

Client requires assistance with communication or a interpreter?

Yes - interpreter

Yes - limited English

No

Any other additional information ?

Client consent to being referred to St Patrick's Youth Place Program

Yes

No

Client consent to St Patrick's contacting the referring agency named in this form

Yes

No

Client consent to the information on this form being kept as a record of my details

Yes

No



ST. PATRICK'S  
COMMUNITY SUPPORT CENTRE

St Patrick's Community Support Centre: YOUTH PLACE TEAM

12 Queen Victoria Street, Fremantle. 08 9430 4159 [youthplace@stpats.com.au](mailto:youthplace@stpats.com.au)

Youth Place Office: 08 9475 2978